PTO/SB/01 (06-03) Approved for use through 07/31/2003. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

NGE 1932-002 DECLARATION FOR UTILITY OR First Named Inventor DESIGN Romanus Aniekezie Ngene-Igwe COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) **Application Number** Filing Date Declaration Declaration 03/17/2004 Submitted after Initial Submitted Art Unit Filing (surcharge With Initial Filing (37 CFR 1.16 (e)) **Examiner Name** required) I hereby declare that: Each inventor's residence, mailing address, and citizenship are as stated below next to their name. I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled: SLIDING GATE VALVE (Title of the Invention) the specification of which X is attached hereto OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International and was amended on (MM/DD/YYYY) (if applicable). Application Number I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed. Foreign Filing Date **Priority** Certified Copy Attached? **Prior Foreign Application** Country (MM/DD/YYYY) Not Claimed Number(s) Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Attorney Docket Number

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	Custome	er Numbe	er: 0	8698		OR		Corresp	ondence address below
Name									
Address			_ _	_ 					
City				State				J	ZIP
Country	Telephone			Fax					
		\							
I hereby declare that all statement and belief are believed to be statements and the like so made false statements may jeopardize	true; and furth de are punishat	her that th ble bv fine	hese state e or impriso	ements onment	s were t, or b	e made ' oth, unde	with th er 18 U	ne know	vieage that willful laise
NAME OF SOLE OR FIRST IN					has b	een filed	for this	unsign	ed inventor
Given Name					Family Name or Surname				
(first and middle [if any]) Roma	anus Aniekezie	<u></u>				J. Juine		lgene-Ig	;we
Inventor's	10	<i>-</i> ^				<u>-</u>			Date
Signature	M ~ (5 &							March 16, 2004
Residence: City	State			Coun	try			Citizen	iship
Columbus	Ohio			USA				Nigeria	
Mailing Address								_	
2406 McCuffoy Dood									
2496 McGuffey Road City	State				ZIP			$\overline{}$	Country
Columbus	Ohio				4321	1		[t	JSA
					1 .	notition L	as bos	n filed f	or this unsigned inventor
NAME OF SECOND INVENTOR:						petition n Family Na		in med I	or this unsigned inventor
Given Name (first and middle [if any])						or Surnar			
Inventor's								T	Date
Signature									
Residence: City	State			Cour	ntry			Citizer	nship
	<u></u>								
Mailing Address									
								T	
City	State		. –	1	ZIP			Count	ry
					ļ			1	
							2/05/-		allocked beauty
Additional inventors or a legal re	epresentative are but	eing named o	on the	.supplen	nental s	heet(s) PT(O/SB/02/	or 02LR	attached hereto.

Please type a plus sign (+) inside this box	1
Please type a plus sign (+) inside this box	1

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT**

Application Number	
	03/17/2004
	Romanus Aniekezie Ngene-Igwe
* 10.00	SLIDING GATE VALVE
Group Art Unit	
Examiner Name	
Attorney Docket Number	NGE 1932-002

I hereby appoint:						
	at Customer Number 08698 —					
OR Practitioner(s)	named below:					
Practitioner(s) named below: Name Registration Number						
	Name					
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.						
Please change the c	Please change the correspondence address for the above-identified application to:					
	tioned Customer Number. Place Customer					
	OR Number Bar Code					
OR	Customer Number Label here					
Firm or Individual Name						
Address						
Address	7:-					
City	State Zip					
Country	Fax					
Telephone	Fax					
l am the: Applicant/Inventor.						
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
SIGNATURE of Applicant or Assignee of Record						
Name Romanus Aniekezie Ngene-Igwe						
0 0 8						
Signature WLS Date March 16, 2004						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple						
forms if more than one signa	forms if more than one signature is required, see below.					
	are submitted.					